

CITY OF MONROE RECREATION DEPARTMENT PROGRAM PARTICIPANT EVALUATION

120 E. First St. Monroe, MI 48161 734-384-9156. TDD: 734-243-2338 M-F 8:00-4:30 pm

PROGRAM INFORMATION

Date _____ Program Name _____

Age of Participant(s) _____ (please list exact age(s)) ☐ M ☐ F

Are you a returning participant? ☐ Y ☐ N How many family members? _____

How did you register? Online _____ Mail in _____ In Office _____

Would you participate in this program again? ☐ Y ☐ N

Would you recommend it to others? ☐ Y ☐ N

Did the program description match your experience? ☐ Y ☐ N

PROGRAM EXPERIENCE

Please rate your experience in the following areas, using the scale below:

5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Unsatisfactory

If rating a 3 or below, please comment to help us understand the rating

1. INSTRUCTOR (Good communicators, friendly, knowledgeable, punctual and helpful?)

5	4	3	2	1

Comments: _____

2. PROGRAM (Developed skills/gained knowledge, held interest?)

5	4	3	2	1

Comments: _____

3. FACILITY: (Appropriate for program and clean?)

5	4	3	2	1

Comments: _____

4. REGISTRATION (Convenient, user friendly, clear instructions, staff courtesy?)

5	4	3	2	1

Comments: _____

Please see back of form. Additional comment space on reverse.

5	4	3	2	1

GENERAL INFORMATION

How did you learn about this program? _____

Please give us a grade based on your level of satisfaction for this program.

☐ A (Excellent) ☐ B (Above Average) ☐ C (Average) ☐ D (Need Improvement) ☐ F (Failure)

PLEASE RETURN FORM TO:

[illegible]

Thank You!